## **CLAIMS ONLY**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

|                 | AS FILED |        | AFTER<br>1st AMENDMENT |                | AFTER 2nd AMENDMENT |          |
|-----------------|----------|--------|------------------------|----------------|---------------------|----------|
|                 | IND.     | DEP.   | IND.                   | DEP.           | IND.                | DEP.     |
| 1               | 1        |        |                        |                |                     |          |
| 2               | 1        |        |                        |                |                     |          |
| 3               | 1        |        |                        |                |                     |          |
| 4               |          |        |                        |                |                     |          |
| 5               |          |        |                        |                |                     |          |
| 6               |          |        |                        |                |                     |          |
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| 25              |          |        |                        |                |                     |          |
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| 29              |          |        |                        | 2.44           | •                   |          |
| 30              |          |        |                        |                |                     |          |
| 31<br>32        |          |        |                        |                |                     |          |
| 33              |          |        |                        |                |                     |          |
| 34              |          |        |                        |                |                     |          |
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| 37              |          |        |                        |                |                     |          |
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| 49              |          |        |                        |                |                     |          |
| 50              |          |        |                        |                |                     |          |
| TOTAL           |          |        |                        |                |                     |          |
| IND.<br>TOTAL   | ل_ ک     |        |                        |                |                     | _1       |
| DEP.            |          | _      |                        |                |                     | _        |
| TOTAL<br>CLAIMS | 3        | HOUSE. |                        | Teals.         |                     | #114.2X  |

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|-------------------------|------|--|--------------|--------------|--|--|
| ļ                       | IND. | DEP.   | IND.         | DEP.         | IND.   | DEP.   |
| 51                      |      |  |              |              |  |  |
| 52                      |      |  | <del> </del> | <del> </del> | <del>                                     </del> | $\vdash$   |
| 53                      |      |  |              |              | <del>                                     </del> | <del>                                     </del> |
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| 88                      |      |  |              |              |  |  |
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| 91                      |      | $\equiv$                                     |              |              |  |  |
| 92                      |      |  |              |              |  |  |
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| 99                      |      |  |              |              |  |  |
| 100                     |      |  |              |              |  |  |
| TOTAL<br>IND.           |      | 1  |              |              |  | 1  |
| TOTAL                   |      | -  |              | -1           |  | -  |
| DEP.<br>TOTAL<br>CLAIMS |      |  |              |              |  | 25.00  |
| OI AIRES .              | 8    | A 184 See See See See See See See See See Se | LF           | W. 1. 1995   |  | 801.2  |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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